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APPLICANTS
 Shivaram Bhat, Sunnyvale, CA;
 Hua Cui, Fremont, CA;
 Ping Luo, Union City, CA;
 Dilli Dorai Minnal Arumugam, Cupertino, CA;
 Aravindan Ranganathan, San Jose, CA;

**** CONTINUING DATA ******* *C.G.*

**** FOREIGN APPLICATIONS ******* *C.G.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED *C.G.*
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Carla Johnson</i> Initials <i>CJ</i>				

ADDRESS
32615

TITLE
Remote interface for policy decisions governing access control

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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